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AUTHOR Watkins, Karen E.; And Others
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ABSTRACT

There are over 28 million children of alcoholics in the United States, 22 million of whom have now reached adulthood yet continue to experience emotional, mental, and physical effects of life in an alcoholic family. In the workplace, adult children of alcoholics (ACOAs) have recently become acknowledged as a group who face special challenges. The purposes of this study were to deepen the understanding of the issues that ACOAs face in the workplace; to test the efficacy of action science as a theory and method of intervention; and to examine the incidental and reflective learning practices of the interventionist as well as of the group participants. This study examined the incidental learning processes of a group of professionals who were self-identified ACOAs. Subjects were six self-identified adult children who met weekly with a facilitator (an adult child of an alcoholic herself) for 16 weeks. For the facilitator, much of her learning revolved around how to make judgment calls in situations which brought to the surface both therapeutic and educational issues. For the group, much of the experience involved learning from other's blind spots, the value of surrendering control of the learning process, and group empowerment. (Author/ABL)

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Incidental and Reflective Learning in the Workplace: An Action Science Study of Adult Children of Alcoholics.

A paper presented to the annual meeting
of the American Educational Research Association

by

Dr. Karen E. Watkins, Assistant Professor of Adult Education &
Human Resource Development
Dr. Renee P. Rogers
Debra C. Morrow
The University of Texas at Austin

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Incidental and Reflective Learning in the Workplace: An Action Science Study of Adult Children of Alcoholics.

Dr. Karen E. Watkins, Dr. Renee P. Rogers, and Debra C. Morrow

Abstract

This study examined the incidental learning processes of a group of professionals who are self-identified adult children of alcoholics. One purpose was to deepen our understanding of the issues that adult children of alcoholics face in the workplace. Another purpose was to test the efficacy of action science as a theory and method of intervention. Finally, a purpose was to examine the incidental and reflective learning practices of the interventionist as well as of the group participants. Implications for incidental learning for both participants and the interventionist are discussed in terms of "moments of surrender," learning from others' blind spots, group empowerment and judgment calls on the part of the interventionist.

Introduction

There are over 28 million children of alcoholics in the United States, 22 million who have now reached adulthood yet continue to experience emotional, mental,and physical effects of life in an alcoholic family (Russell, M., et al., 1985). As adults, children of alcoholics find themselves in families and organizations where the dynamics of their childhood recur with unsettling frequency. Children of alcoholics are four times more likely to become alcoholic than others (Cotton, 1979; Goodwin, 1978, 1985). Grandsons of alcoholics are at three times higher risk for alcoholism than other grandsons (Kaij & Dock, 1975); daughters of alcoholics are more likely to marry alcoholic men.

In the workplace, adult children of alcoholics (ACOAs) have recently been acknowledged as a group who face special challenges.

The Kemper group reports that over one-third of those seen for family problems during a nine-year period by their Personnel Assistance Program were adults who grew up in alcoholic homes (Woodside, 1986). Similarly, the New England Telephone Company reports that 31 percent of its EAP general counselling cases in 1985 were children of alcoholics (Woodside, 1986). A 1985 study of top corporate alcoholic executives by the Alcoholism Council of Greater New York shows that 37 of the study's 62 alcoholic executives were also children of alcoholics (Woodside, 1986). Finally, a preliminary review conducted for the Children of Alcoholics Foundation of 100 randomly selected case records from a variety of Employee Assistance Programs revealed at least 28 percent of the cases were employed children of alcoholics; the figures rose to 35 percent when other probable indicators of parental alcohol abuse were included (Woodside, 1986).

While many ACOAs in the workplace are referred to Employee Assistance Programs for substance abuse, many more seek help for problems other than their own addiction. They may feel something is lacking in their marriage or relationships, experience work dissatisfaction, have feelings of rejection, or maintain a low image of themselves. In addition, certain adaptive issues reported in the ACOA literature (Cermak and Brown, 1982; Gravitz and Bowden, 1984; Whitfield, 1980; Woititz, 1986) can be expected to cause difficulties in the workplace, particularly low self-esteem, problems with trust, excessive control needs, over-responsibility, a strong need for approval, and depression.

Many ACOAs are at high risk for becoming workaholics, seeking self-esteem and a sense of successful coping from their job performance (Woititz, 1987). Like other workaholics, they may be unrealistic in the amount of work they take on, unable to balance personal needs with unrealistic workplace commitments. Clinicians (Gravitz and Bowden, 1985; Whitfield, 1987) observe that many ACOAs are addicted to crises, replicating in adult life the childhood role of taking responsibility in their crisis-oriented alcoholic family. The workplace provides a primary setting for reenactments of family of origin dynamics.

Without help, ACOAs may not be able to resolve painful experiences from childhood. Even though they achieve many successes in the workplace, they may not be able to derive genuine fulfillment from their accomplishment. Over time they may become depressed or dissatisfied, realizing that nothing they "do" can address their feelings of emptiness. This condition can lead to on-going stress and depression that seriously compromises workplace performance and makes them likely candidates for burn-out. This may be particularly true for many helping professionals, for example counsellors or nurses, who have a high burnout rate and a high percentage of adult children of alcoholics in the profession (Kern, 1986; Woititz, 1986).

The impetus to understand and help individual ACOAs who experience difficulties in the workplace is growing. In addition, the need to address at a more macro level the dynamics of addiction which sustain dysfunctional, unhealthy organizational life has been articulated. Schaef and Fassel (1988) described four ways that the

addictive system is enacted in organizations. First, there are organizations in which a key person is an addict and workers take on various roles of a dysfunctional family. Secondly, individuals who have grown up in dysfunctional, addictive families re-enact family of origin dynamics in their organizations. Third, an organization can serve as an addictive substance in work addictions which are extremely destructive to families and personal relationships. Finally, Schaef and Fassel argued that the organization itself can be understood as an addict, functioning corporately the way an individual addict functions. These four interpretive metaphors for understanding organizational life make a case for the need to learn about and transform patterns of behavior in the workplace which are as destructive as those in addictive family systems.

This study examined the reflective learning practices of six ACOA professionals. Their ACOA characteristics provided a powerful and challenging backdrop against which to examine reflective and incidental learning.

THEORETICAL BACKGROUND: REFLECTIVE LEARNING

A major research question in this study was how ACOA professionals interpret the meaning of their interactions in the workplace and how they reflect upon those meanings. Critical reflection upon one's practice or reflective learning is one feature of adult learning. Boyd and Fales (1983) defined reflective learning as "the process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in a changed conceptual perspective" (p. 100).

Grundy (1982) elucidated the conditions for critical reflectivity in work with autonomous learners who have a clear purpose in reflecting upon their experience. She described the need for people to have the freedom to make genuine choices for themselves, rather than to conform to the influence of a teacher or others. She argued that there must be a structure which allows equal power relationships among group members to insure the freedom required for the enactment of reflective processes.

Mezirow (1981) used the idea of critical reflection as a central feature of adult learning. His three domains of learning include instrumental, dialogic and self-reflective. Instrumental learning refers to task-oriented problem solving as in technical learning, dialogic learning refers to the ways in which people come to understand consensual norms in an organization or society, and self-reflective learning is the way in which we understand ourselves. Dialogic and reflective learning operate at a higher level of inference than instrumental learning. He used the term "perspective transformation" to describe the type of learning which frees adults from their habitual ways of thinking and acting (1978, 1981, 1985)). This occurs when people become aware of the connections between the three types of learning, and begin to critically examine their assumptions and values.

Boyd and Fales (1983) identify six stages in the reflective learning process: 1. an inner sense of discomfort, 2. identification or clarification of concern, 3. openness to new information from internal and external sources, with the ability to absorb new perspectives, 4. resolution or integration of new perspectives, 5.

establishing continuity of self with past, present and future and, 6. deciding whether to act on the outcome of the reflective process.

THEORETICAL FRAMEWORK: ACTION SCIENCE

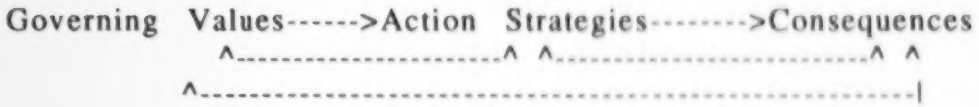
Action science is a theoretical orientation which is closely aligned with the theories mentioned above. However, action science goes beyond description of the process of critical reflection to offer a theory of intervention. In this sense, action research may be considered "emancipatory." It is intended to increase awareness of the puzzles and contradictions hidden in everyday interactions, and to create the conditions for social change (Rogers, 1988). Action science was selected as the framework for this study because of its emphasis on intervention as well as on critical reflection .

Action science begins with the view of human beings as designers of their actions in the service of achieving consequences. They make sense of their surroundings by constructing meanings, both cultural and individual, of their environment. It is those constructed meanings which, in turn, guide action (Argyris, 1982; Argyris, Putnam, & Smith, 1985). In this vein, behavior is evaluated for consistency and validity against those internalized beliefs and meaning systems which individuals hold.

Designing action requires that a person develop a set of personal causal theories to describe and predict their world. These causal theories are termed theories of action, and are similar to the notion of organizing schemata in learning theory. There are two types of theories of action. Espoused theories are those which individuals claim to follow. Theories-in-use are those which can be inferred from action. Thus, people hold two sets of theories: one

about what they say they do and one they actually use. The espoused theory and theory-in-use may or may not be consistent, and an individual may or may not be aware of the inconsistency. While the espoused theory is conscious, the theory-in-use is most often tacit. A goal, then, of action scientists is to discover theories-in-use, particularly ones which inhibit or promote learning.

The general model of action science is depicted below.



Governing values are those internalized values held by individuals and by cultures. Action strategies are used in order to enact governing values, and they have consequences for learning. When consequences are unintended, there may be a mismatch between action strategies and governing variables. Action science espouses two types of responses to mismatches. The first is single loop learning, in which action strategies are adjusted or changed. Admittedly, much of human behavior is single loop learning; individuals search for different behaviors or strategies in order to cope with perceived failure. Single loop learning is associated with a win/lose orientation, short term gains and a desire to control. Often failure will continue to happen because the solutions are based upon those undiscussable governing values which are counterproductive. Double loop learning involves the examination of governing values, not merely the adjustment of behavior. Thus, double loop learning incorporates critical reflection upon one's values and beliefs. The

goals of double loop learning are to facilitate free and informed choice, valid information and high internal commitment.

In addition to acquiring skills of reflection the action scientist must be willing and able to communicate her learning. It is public reflection on dialogue which creates an environment conducive to double loop learning--learning which is based on the generation of valid information, and free and informed choice.

Data Collection and Analysis in Action Science. Action science holds that talk is a basic and important form of social action. It is the raw data for the action scientist--the primary window into people's actions, values and beliefs.

Step 1: Collect data in the form of cases (involving dialogue and the thoughts and feelings of the case-writer). Present to group.

a. Identify feelings and thoughts of participants as they process the case on-line. Discuss how they impact the action of the actor in the dialogue.

b. Identify attributions and evaluations made by participants in the case (if they are present) as well as in the process of working through the case material.

c. Slow the process down. Elucidate the here-and now. Focus on inferential leaps participants are likely to make in drawing conclusions from the data.

d. Gradually work from the directly observable data (dialogue) to agreed cultural meanings of themes in the case to governing values.

Step 2: Map out the social action.

Mapping is a vital instrument in action science. Maps allow us to go beyond the details of a particular case to represent patterns of behavior and belief systems. They are systematic depictions of governing values, action strategies and consequences. Below are some relevant characteristics of the process of mapping.

a. No map is complete until participants offer confirming and disconfirming evidence regarding the map. This addresses the question of validity in the action science process, with the assumption that participants have internalized values and beliefs against which new data is tested.

b. Maps may be descriptive or normative, depending upon the perspective of the reader.

c. Maps are often nested within each other. For example, an individual trainer may map her behavior with regard to a persistent problem at work. There could be a larger map, however, of the organizational and/or cultural dynamics as well.

METHOD

Subjects. A group of six self-identified adult children (two males and four females) participated in the study. Their professions included a public school administrator, an internal management consultant at a municipal utility, two public health nurse practitioners, a director of nursing at a metropolitan hospital, and an administrative aide at a state agency. The facilitator was also a self-identified adult child of an alcoholic.

Procedure. The group of six professionals and the facilitator met weekly for two to three hours for 16 weeks. Participants wrote cases of an interpersonal interaction in their workplace. These cases

became the focus of the audiotaped group diagnosis and reflection in order to explore the limits of their self-understandings and to discover self-sabotaging behavior that undermined inter- and intrapersonal functioning. The group followed the steps of action science analysis outlined above.

Between group meetings, the facilitator met regularly with her co-researcher and an action science consultant. These two individuals read excerpts of the weekly transcripts. These meetings served two important functions during data collection. First they provided the necessary peer debriefing (Guba, 1981) where the facilitator could test her interpretations and be exposed to searching questions and alternative interpretations. Second, they encouraged her to try interventions with participants that she may have avoided. This led to learning episodes in the ACOA group which are reported below.

RESULTS AND DISCUSSION

The results of this study may be partitioned into two parts. The first is the incidental learning for the interventionist, an adult child of an alcoholic herself. Much of her learning revolved around how to make judgment calls in situations which surfaced both therapeutic and educational issues. The second part of the results is focused on the incidental learning of the group. This includes learning from others' blind spots, the value of surrendering control of the learning process and group empowerment.

Incidental Learning for the Interventionist

What is unique about the learning studied here is that the learning group consisted of self-identified ACOAs, who admittedly had therapeutic issues, but nevertheless wanted to come together in an educational experience to explore problems in their present workplace functioning. As a result, a critical aspect of this study was the opportunity to explore in-depth, not only the facilitator's beliefs about learning-oriented interventions, but also her beliefs about therapeutic interventions with regard to ACOA issues. In the end, the process of learning to distinguish between these two intervention modalities and then learning to integrate a more evolved understanding of them in her practice was a significant piece of incidental learning for the interventionist. The learning is described as incidental because the interventionist's beliefs and reasoning about these intervention modalities were outside of her conscious awareness and were discovered and clarified in the process of enacting them.

Education and Therapy. In the 1960's, as part of the growing interest in T-groups and laboratory education, considerable concern emerged regarding whether or not groups designed to foster interpersonal competence were really "practicing therapy without a license." In an effort to respond to this critical ethical issue, Chris Argyris (1968) attempted to differentiate the conditions which lead to competence acquisition from those which lead to therapy. He began by defining interpersonal competence as the ability to cope with interpersonal relationships in such a way that individuals perceive the situation accurately, solve problems in such a way that

they remain solved, and create conditions where the parties involved are able to continue working together as effectively as they did before they attempted to solve the present problem (p. 148). To do this, individuals need to learn to give feedback that is directly verifiable or observable, minimally contradictory or distorted, and minimally evaluative. Two preconditions are 1) a constructive intent and 2) a genuine desire or openness to learn.

In contrast, therapy groups are designed to meet the needs of individuals who are focussed on protecting themselves to survive. Survival-oriented individuals may be closed to learning and instead use defense mechanisms to withdraw, distort, or attack their environment. Of course, most people are neither wholly open or closed. "The important point, from a theory of learning, is that the educator and the client need to be able to differentiate between that learning which evolves around problems and issues about which the individual is more or less open or closed. Each state of affairs requires different interventions by which to encourage learning" (Argyris, 1968, p. 165).

According to Argyris, the interventionist needs to collect as much information as possible on the relative openness of the learner's responses to a growth-oriented learning situation. To do this, he or she needs to create the environment for competence acquisition and then observe the responses. If an individual seems to be increasingly frightened and withdrawn, he or she is probably more closed than open. If he or she is given feedback on a genuine dilemma he or she is facing or gaps and inconsistencies in his or her practice, yet appears to have little or no motivation to resolve these, he or she

may be closed. Finally, if competence-oriented feedback is given and experienced as threatening while survival-oriented feedback (interpretive, inferential, and evaluative) is given and experienced as helpful, the individual may be more closed than open (Argyris, 1968, pp. 172-173).

To Argyris, then, the decision of whether or not to pursue learning is quite complicated and interactive for any interventionist, but particularly for educators intending to create the conditions for competence acquisition. While individuals usually enter therapy with a notion of their need for help, educational settings often include individuals with unacknowledged therapeutic needs. Moreover, individuals in interpersonal learning situations may move in and out of a competence orientation, based on the topic and the nature of the feedback given. Groups will also influence the capacity of the educator to enact a growth-oriented learning environment. If the group includes members with a survival-orientation whose needs are to explore the genesis of their present behavior more than to change that behavior, the group itself may resist a here-and-now orientation. Moreover, this survival-orientation may further inhibit the group's capacity to enact the conditions for competence-acquisition because individuals in this frame of reference are less likely to give minimally evaluative and inferential feedback or to be helpful to others seeking to change their present behavior.

Judgment Calls. This study of the reflective learning experience of a group of ACOAs illustrated the judgment calls Argyris suggests must be made by an interventionist who is trying to create the conditions for competence-acquisition rather than therapy. Within

this group, individuals moved in and out of competence-acquisition and therapeutic orientations. This was complicated by the fact that all participants (including the interventionist) shared ACOA therapeutic issues but had spent different amounts of time in therapy dealing with this family history. Table 1 summarizes the participants' histories in terms of amount of time spent learning action science, in therapy about ACOA issues, and participating in 12-Step self-help recovery programs.

Table 1: Participant Histories with Action Science, ACOA Therapy, and 12-Step Self-help Groups

	Action Science	Therapy	12 Step Groups
Interventionist	3 yrs.	7 mos.	8 yrs.
P1 (female)	0	1-1/2 yrs.	2 yrs.
P2 (female)	0	6 mos.	1 mo.
P3 (female)	6 mos.	0	0
P4 (female)	6 mos.	0	0
P5 (male)	3 yrs.	0	0
P6 (male)	0	2 yrs.	2 yrs.

Source: R. Rogers (1989)

Those participants who had been in therapy were used to making survival-oriented interventions based on their understanding of ACOA family roles (hero, scapegoat, mascot, lost child) or common therapeutic issues (e.g., shame, perfectionism, grieving early losses, etc.). Members of the group who came with the intention to work out primarily therapeutic issues rather than the learning issues which were the expressed intent of the group, found that they were not appropriately placed in the group. An illustration of this was when an individual brought in a case and the group quickly saw in this data the family dynamic where the authority figure was the

individual's father and the other person in the vignette was the individual's mother. The survival orientation of this client became evident when these attributive interpretations were immediately accepted and followed by lengthy poignant illustrations of painful incidents in the individual's family of origin.

Interestingly, it was the participant herself who had the strongest sense that her therapeutic needs might be different from the competence-acquisition intent of the learning group. When asked where she wanted the group to focus in working her case, she expressed concerns about creating a therapeutic situation.

> Participant: [I would like you] to give me an alternative to working with men who intimidate me ... but see a long time ago we also talked about this not becoming a therapeutic setting.

This participant had a sense that in exploring with the group her experience as a child of an alcoholic, she would be moving it in a different direction. The participant went on to explore, primarily by answering interpretive, attributive, and inferential questions, the meaning of the case from an adult child of an alcoholic perspective. After sharing a painful story about her alcoholic father's death, she poignantly described how unresolved family of origin experiences can haunt present-day interactions.

> What's interesting is that the minute I saw [another male participant], it was like, pardon the analogy, the other day I passed a fig tree and I immediately thought of my grandmother's house because she had this marvelous fig tree and I never see fig trees around here. But the first minute I saw you, you're the size of my father. It was kind of a feeling freeze and I didn't understand why. And I thought, thought, and thought about it and I thought,yeah, it's the size ... and isn't that an unfair thing to do to another human being, just because you're the size of another human being I'm going to be wary of you.

This exploration of family of origin dynamics was highly emotional and cathartic. When the group met again the next week, the interventionist pronounced the participant's case finished despite a format of spending two weeks on each person's case (the first week to discuss the case, the second to reflect on what was learned the first week). When asked about this by her co-researcher, the interventionist expressed her belief that the client's case reflected unresolved grief issues that precluded focussing on her here-and-now action in the case. When the interventionist went back to the group and shared that her co-researcher had questioned her actions, the client confirmed that the interventionist's actions bothered her.

This participant had disclosed intensely personal information and the interventionist wanted to go on to focus on something else. When the interventionist later attempted to go back to working on this participant's practice using something she had said to another group member, she declined to redesign the incident and shortly thereafter, left the group and did not return. Among the participants, she had the least experience examining the influence of parental alcoholism on her life. Since she was also inexperienced with action science, she understandably interpreted this type of learning from a therapeutic frame of reference and assumed that action science redesigns equalled "cures." In a conversation with the interventionist later, this participant described the experience as one which motivated her to seek ACOA therapy. In large measure, her decision to leave the group was an appropriate choice for therapy instead of the competence acquisition focus this group was moving toward.

This is particularly relevant to professionals because therapeutic issues are likely to be triggered by work-related incidents. Moving out of a therapeutic frame of reference to a competence-acquisition orientation was a challenge for both the interventionist and the group. Because therapeutic interventions were both familiar to and well-received by the participants, the tendency was to fall back on what was known. In working with her co-researcher, the interventionist began to move out of a therapeutic orientation in her interventions with the group. However, the various action science strategies which she attempted to enact created different effects on individuals at different stages of ACOA awareness and recovery. Thus, one by-product of using the technology of action science with this particular group of individuals was that certain strategies had unintended side effects in terms of challenging specific ACOA issues. Figure 1 illustrates these interactions.

Figure 1: The Interaction of Action Science Strategies and ACOA Issues

ACTION SCIENCE STRATEGIES	MAY THREATEN THESE ACOA ISSUES:
Using directly observable data	Breaks down denial; induces feelings of shame
Confronting "fancy footwork" (saying two contradictory things in order to "be right")	Confronts learned patterns of coping with irrational angry parent by saying whatever contradictory thing one must to deflect blame
Using feelings as data for learning	Requires high level of surfacing of feelings, yet ACOAs are often unaware of feelings or try to suppress or control them because they weren't "safe" in their family-of-origin.
Using mistakes as learning	Confronts all-or-none, right/wrong thinking typical of many ACOAs
Redesigning problematic behavior	Asks person to move beyond habituated role-bound behavior which the person has developed to survive

Reframing theories-in-use, frames of reference	Appears to require a "cure" of childhood view of the world and a changed perspective about what works; yet current behaviors developed to provide coping mechanisms
Advocating one's view while inquiring into another's view	Confronts common ACOA family of origin behaviors of withdrawing, hiding, or saying nothing

Source: K. E. Watkins and R. Rogers

The effects of action science strategies on ACOA therapeutic issues are categorized as incidental because the group was not attempting to use action science to intervene therapeutically on each other. Rather their intent was to create conditions for competence acquisition, but in doing this, learning episodes occurred which turned out to be both therapeutic and educative.

Incidental Learning in the Group

While much of the learning for individuals in this group was deliberate and purposive, there are also examples of unexpected, incidental learning. Moreover, the research design was essentially one in which the tacit beliefs embedded in people's actions; in other words, the incidental learnings they have stored from the past, were surfaced and examined. Thus, not only did we examine learning which was a by-product of participating in this group; but we also examined learning which had been acquired incidentally in the past.

Learning from others' blind spots. An intriguing example of incidental learning for participants in this group was a frequent pattern of one person working on a case which triggered learning in a second person of similar or greater intensity. We came to describe

these secondary impacts as "double hits" -- two interventions packed into one. This type of incidental learning from others occurred for the other group members as well as for the co-researchers who often saw their frameworks of understanding illustrated in participants' behavior. Of course, this may be one of the reasons for theme or single problem therapy groups. When people share a common experience and understanding, the learning processes of one person can be recognized as relevant learning for others as well. Yet because individuals owned these insights and often found that they came to them almost from their subconscious, they seemed to experience them as particularly potent.

An example of this type of learning occurred during the discussion of a case brought by Lynn. In the discussion, Lynn's negative attributions about a person in her case reminded another participant, Scott, of a case he had brought to another action science group several months before.

> Scott: We were saying some things about X, but I couldn't laugh because I was sitting here going, my god this is my case and I figured you [the interventionist] were going to say, well, why don't you reframe this. (laughter) Cause it's the same; I didn't recognize it until you started talking about it.

Later when the group began working with Scott's case, Lynn identified with Scott's resistance to changing his negative attributions about the person in his case.

> Lynn: I identify with Scott ... I'm much more screwed up than Scott could ever be but there are just so many things in here that I identify with and it's real good for me ... I'm not as anxious because I'm not the o n e d o i n g i t .
>
> Scott: So in other words, it's easier to watch how I mess up, it helps you see how you mess up?

Lynn's identification with Scott was not exactly welcomed by him. During the discussion of his case, the interventionist described Scott as an "artful dodger," skillfully defending against the groups' interventions rather than inquiring into their validity. When Scott rejected this characterization, Lynn indirectly advocated the diagnosis by expressing her strong identification with Scott's defensiveness.

> Lynn: But Scott, I felt exactly the same way. I came in here and I thought everybody was going to see it my way ... even though I was uncomfortable about the whole transaction, I still felt I was right. And then I heard all this other stuff ... and there were little holes pricked in my story too. The one thing that you said to me ...you said Lynn, is it real important for you to prove that X is a flake. When you said that, I thought god, it's like every time anyone asked me a question, I could come up with another story. I could come up with more proof that this was the way it was.

Because individuals owned these insights and often found that they came to them almost from their subconscious, they seemed to experience them as particularly potent.

Moments of surrender . Another type of incidental learning occurred at moments when an individual gave up striving to be understood or to be right and surrendered to the confusion of a process later recognized as learning. Lynn described this act of surrender:

> Lynn: I mean to me it comes down to just sheer letting go. And that's the thing I was real aware of ... I see at some point that I have to just let go of my frame on X that she is incompetent or that she is all bad because of this one thing.

These "moments of surrender" when an individual yields a cherished belief or yields control appear to be fundamental in each of the

theories of reflective learning explored in the beginning of this paper. The power of surrender in learning processes is illustrated by the drastic change in the group dynamic which occurred when the interventionist yielded to a critical examination of her own action, rather than just advocating this norm. While her primary intention was to depict the theory-in-use which underlay her own and others' therapeutically oriented interventions, shifting the locus of critique onto the interventionist side of the dialogue created a model for "letting go" and "learning from mistakes." Table 2 compares stages of development in action science, reflective learning and ACOA recovery. Each of these stage theories illustrates the importance of surrendering as a precursor to transformative learning.

Table 2.: A comparison of three transformative learning theories.

Model II skills1	Stages of Reflective Learning2	Stages of ACOA Recovery3
		Survival - continue to do what was functional to survive in family of origin but this is increasingly dysfunctional in present situation
OWNING - Unfreezing-	A sense of inner discomfort; a sense that something does not fit or of unfinished business, requires a trigger.	Emergent Awareness - first glimpse that reality is not as previously imagined; requires a trigger.
Recognizing dysfunctional control-oriented theories of action	Identification/clarification of the concern; the problem is conceptualized in relation to self, often includes a significant shift in perspective	Core Issues - issues of trust, feelings, all-or-none functioning, intimacy, neglect of personal needs, high tolerance for crises and inappropriate behavior, etc. all present themselves as problems in everyday life
OPENNESS - Reframing theories-in-use to a learning orientation	Openness to new information open to a variety of sources of information, suspension of need for closure; trust of self to discover information	Transformation - reframing or restructuring a core issue
	Resolution - the "aha" stage, when people experience being changed, having learned or reached closure in relation to the issue; a coming together or a creative synthesis; contains an element	Integration - make a whole from the separate parts, establish order, view learning as on-going, taking one core issue at a time;occurs at 3-5

	of surprise, is preceded by a psychological readiness, represents a subtle shift of self in relation to self, or self in relation to the world	years in full recovery program (Whitfield,1987)
	Establishing continuity of self with past,present, and future self; a changed perspective leads to seeing things differently	Genesis - spiritual development
EXPERIMENTATION Redesigning action	Deciding whether to take action; decides whether to "go public" with new behavior, to test against the mirror of others' reactions	

[1]C. Argyris, 1975.
[2]E. M.Boyd & A. W. Fales, 'Reflective Learning: Key to Learning from Experience', *Journal of Humanistic Psychology*, vol. 23, no. 2 (Spring), 1983, pp. 96-117.
[3]Gravitz & Bowden, 1985.

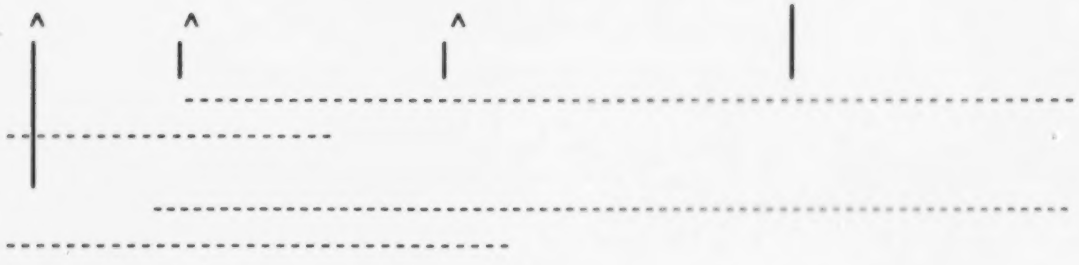
Source: K. E. Watkins

During Meetings 6 and 7, the interventionist and the participants vacillated between therapeutic kinds of interventions and those using action science strategies. In Meeting 8, the interventionist consistently used action science strategies in her interventions with the casewriter, Scott. These discussions were tense and Scott, who was on the "hot seat," was often defensive. After the eighth meeting, the interventionist examined with her co-researcher ways in which her interactions with Scott were ineffective. Together the interventionist and her co-researcher developed "the interventionist's map" (Figure 2) which depicts the unilateral way she and others had been advocating their often therapeutic interpretations of client's theories-in-use. In Meeting 7, the interventionist shared this map with the group, illustrating it with incidents in the group interaction.

Figure 2: Interventionist Map

Conditions	Assumptions	Action Strategies	Consequences

When intervening with fellow ACOAs	Frame them as avoiding experience of speci ic feelings	Interpret what they say and do as evidence of this frame using data which is self-sealing and at a high level of inference (e.g., body language, "I sense")	Leaving my understanding of ACOA dilemmas intact including belief that emotional confrontation is unavoidable in addressing these dilemmas (or in working with other ACOAs)
	OR	Minimize inquiry into the interpretation or its impact; do inquire into family of origin roles to find data to support interpretation;	Low level of impact in terms of present day functioning
	Frame them as having a specific deep-seated need	When client reacts strongly to interpretation (i.e. intervention minimize or obscure impact of the intervention (e.g."I was being supportive; force positive frame on painful experiences) See client defensiveness as further evidence of original assumptions	Possible paralyzing frame if attributions of present problems are solely to family of origin experiences (i.e. since I can't change my family of origin, how can I change my present day practice?



Source: R. Rogers and K. E, Watkins

In this meeting, a dramatic shift in the group dynamics occurred. Scott, who had earlier been defensive, began to explore the ways in which others' observations about his behavior might be true. He acknowledged his "fancy footwork" (defensive routines to keep from understanding and integrating others' feedback) and later described this as the most significant learning for him in the sixteen weeks. In subsequent meetings, the group began to work together in a more functional way, experimenting and playing with exercises to facilitate

reframing and redesigning their action. In effect, the "Interventionist Map" marked a moment of surrender for the interventionist and this became a model for others in the group. This learning was highly significant in the group experience, but it was also an incidental discovery for everyone involved. These "moments of surrender" when an individual yields a cherished belief or yields control appear to be fundamental to each of the paradigms of transformative or reflective learning.

Another aspect of surrender is illustrated in Figures 3 and 4, two maps depicting both a "Control Orientation in Facilitating Emotional Learning" and a "Reflective Orientation in Facilitating Emotional Learning." These maps illustrate, again, the need for an interventionist to yield or surrender control within a group. The process of learning to transform core ACOA issues is emotionally charged. In intervening with individuals, their emotional learning is an integral part of the reflective learning process. In this research, the interventionist and other group members exhibited a control orientation toward emotions throughout much of the early group experience. Later the interventionist led others in adopting a more reflective orientation regarding their emotional responses. With the control orientation, the interventionist assumed that by controlling emotions, others could be helped to work through core ACOA issues and move into transformative learning. Informed by this assumption, she tended to minimize her own emotional reactions as well as those of others and then to minimize the impact of this minimizing. She also tended to unilaterally interpret her own and others' emotional responses, shifting responsibility for other's reactions to what was

happening to them. As another way of coping with the strong emotions she often unilaterally interpreted what happened to group members in positive terms of learning, growth or success. The unintended consequences of this orientation were that group members often had difficulty trusting their strong feelings. To some extent, the sense of shame around having strong feelings was heightened, which in effect recreated the ACOA childhood experience that feelings are inappropriate or dangerous. This in turn mitigated against building the climate of trust necessary for working on core issues because participants experienced a lack of congruence between what they were experiencing and what was explicitly espoused. This replicated in many ways the familiar family of origin binds.

Figure 3: Control Orientation in Emotional Learning

Assumption	Action Strategy	Consequence
Assume that by controlling emotions, others can be helped to work through core issues and move into transformative learning	Minimize emotional reactions of self and others	Group members cannot trust that their strong feelings will e accepted
	Minimize impact on self and others of minimizing emotional responses	Sense of shame throughout the group about strong feelings is heightened
	Unilaterally interpret own and other's emotional responses	Recreates ACOA childhood experience that feelings are inappropriate or dangerous
	Shift responsibility and blame for other's reactions to what is happening to them ("they are not ready developmentally")	Climate is not conducive to building trust necessary for working on core issues
	Interpret whatever happens in positive terms of learning, growth or success	People feel a lack of congruence between what they are experiencing and what is explicitly espoused which replicates family of origin binds

Source: R. Rogers and K. E. Watkins

Figure 4: Reflective Orientation in Emotional Learning

Assumption	Action Strategies	Consequences
Assume by accepting emotions, others can tions, others can he helped to work through core issues and move into trans-formative learning	Identify and publicly acknowledge emotional reactions & inquire into impact on others	A climate of trust where impact of emotions can be explored is more likely to develop
	Share attributions about emotional impact of intervention with others & inquire into the validity of these attributions	Interventionist & participants and learn about the impact of their emotional reactions on others
	Share interpretations of the effects of the intervention in terms of learning & growth & inquire with others into their interpretations.	Learning to manage strong emotions is more likely to occur
		Group experience does not replicate dysfunctional family of origin dynamics; it offers an alternative experience.

Source: R. Rogers and K. E. Watkins

As the group process evolved, both the interventionist and participants began to develop a more reflective orientation toward the emotional learning which was an integral part of the reflective learning experience. With this orientation, the interventionist assumed that by accepting emotions, others could be helped to work through core ACOA issues and move into transformative learning. With this new understanding, she began to identify and publicly acknowledge emotional reactions within the group and to inquire into the impact of these emotions. In doing this, she shared her attributions about the emotional impact of her interventions and inquired into the validity of her attributions. And finally she began to share her interpretations of the effects of interventions in terms of learning and growth, but also inquired with others into their interpretations. The consequences of this more reflective orientation were that a climate of trust was strengthened where the impact of emotions could be explored. Both the interventionist and participants

began to learn about the impact of their emotional reactions on others. In doing this, they began to learn how to manage their strong emotions in a group which did not replicate dysfunctional family of origin dynamics.

Group Empowerment. The emancipatory nature of this action research project was observed in the last few weeks of the study. An intriguing dynamic in this highly collaborative study was the increasing tendency for participants to not only expect, but demand to learn the intervention skills themselves. At the beginning of the study, neither of the co-researchers expected participants to learn action science in one 16-week group experience. In our own experience, the learning process had taken well over two years. Therefore, the expressed purpose of the group was for each individual to learn about one specific workplace interaction which was creating difficulties for them, not to acquire action science skills. However, this created dilemmas for participants from the beginning. While the interventionist could acknowledge the dilemma, she could only advocate at this stage in the learning that the group embrace the dilemma and learn by doing.

As the group progressed, participants began to learn the intervention skills and increasingly took on this role in the group discussion. This incidental dynamic increased the learning capacity of the group significantly. This process was most evident when the group generated a map themselves to depict the learning dynamics in one member's case.

Limitations of the study. Action science advocates valid information, logic and rigor--as does "normal" science. However, there are limitations. The first is that, at this point, there have been few empirical action science studies published. Until that occurs, it is difficult to compare the process and results of this study to other studies. A related consideration is that of generalizability. Theoretically, other adult children of alcoholic professionals would need to provide confirming and disconfirming data with regard to the maps generated in this project. The third limitation (with regard to normal science standards) is the subjectivity of the investigators, particularly since one of them was also the facilitator of the action science group. Future action researchers may decide to include empirical measures of the phenomena they investigate, so as to establish convergent validity. Finally, action research such as this study is labor-intensive. The themes explored in this paper are a fraction of those found in the large amount of data collected here.

Implications for Incidental learning. There are numerous implications for the facilitation of incidental learning to be drawn from this research. Perhaps the most important implication is the need for openness to the surprises that are characteristic of practice. Donald Schön (1987) defined professional artistry as "the kind of competence that practitioners sometimes display in unique, uncertain, and conflicted situations in practice" (p. 22). He adds that this artistry is a highly advanced hybrid of ordinary competence and involves tacit knowing, knowing-in-action. A similar skill is reflection-in-action which involves reflecting on the "backtalk" from a situation, questioning the assumptional structure of knowing-in-

action, and conducting on-the-spot experiments. The successful moments in the reflective learning experience reported in this research involved just such an openness in "uncertain and conflicted situations." Because the insights and developing awarenesses which evolve "in action" are often unpredictable and unplanned, the learning process requires trial and error experimentation. This openness is illustrated in the unexpected learning from others and the "moments of surrender" experienced by the participants. The experimental attitude is illustrated by the risks participants took in trying on new roles and challenging the role definitions posed by the researchers.

While openness and an experimental attitude seem essential in maximizing incidental learning, this type of learning is always delimited by the unexamined assumptions and "frameworks" of understanding that participants bring into any learning process. This research illustrates how participants in this research had a useful framework for understanding their historical condition of having grown up with an alcoholic parent. However, as they sought to move beyond therapeutic understandings and interventions with each other in order to change their here-and-now action, a therapeutic framework of understanding became a delimiter of their new learning. These kinds of delimiters can be overcome, however, by the skills of critical reflection. As participants moved away from a therapeutic orientation in their interactions toward a competence-acquisition orientation, they began to explore the ways in which therapeutic insights were helpful and further development involved a transcendence of either framework of understanding.

The potency of incidental learning is illustrated by this research. The "double hits" described above seem to be potent for several reasons. In our deliberate learning processes, there is often a natural tendency to psychically distance ourselves from new, often painful learning. In observing others "learning our lessons," the process can be less threatening or, conversely, deeper since our defenses are down and we do not expect to suddenly see ourselves differently.

In line with the potency of incidental learning is the fact that it is, by its nature, empowering. In the process of turning experience into learning, learners acquire those "learning how to learn" skills which go beyond content mastery. Since the learning is generated and owned by participants, it is not dependent on teachers or facilitators. Perhaps the most important task for teachers and facilitators is learning how not to impede the process while simultaneously creating enhanced opportunities and capacities for reflection. Surrendering control of the learning process leads to new discoveries about that process that enrich the learning of everyone involved.

Six-hundred and forty pages of transcription later, what is most overwhelming is the architectural clarity with which we can see the interventionist's practice. As Schön depicted so well in *The Reflective Practitioner* (1983), the artistry in expert professional practice is in the quality and range of responses available in the myriad judgment calls these individuals must make in professional fields which lack a routine procedure for accomplishing tasks. These many judgment calls depend, in large measure, on the capacity of the individual to surface and critically examine incidental learning.

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